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ABSTRACT

This paper discusses how states and jurisdictions define "developmental delay" and "at risk" in their definition of eligibility for services to infants and toddlers under Part H of the Individuals with Disabilities Education Act. It reviews the procedures and criteria used to determine developmental delay and outlines the categories of risk for adverse developmental outcomes (established risk, biological/medical risk, environmental risk, and single versus multiple risk factors). A nine-page table displays a summary of states' policies regarding the definition of developmental delay and their approaches to serving at-risk children. This table indicates the status of each state's participation in Part H, state criteria for developmental delay, eligible at-risk categories, and comments. (JDD)

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State/Jurisdiction Eligibility Definitions for Part H

by

Jo Shackelford

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One of the major challenges state and jurisdiction policy makers have faced under Part H of the Individuals with Disabilities Education Act (IDEA; 1990), has been the determination of definitions and criteria of eligibility for services to infants and toddlers, birth to age 3 years, and their families. States that reach the full implementation stage of this Federal legislation must provide services to two groups of children: those who are experiencing developmental delays, and those who have a diagnosed mental or physical condition that has a high probability of resulting in developmental delay. In addition, states may, if they choose, serve children who are at risk of having substantial developmental delay, if early intervention services are not provided. Figure 1 provides the current statutory language relating to Part H eligibility.

The task of defining the eligible population has been difficult for states. How narrow or broad the definition is influences the numbers and types of children needing or receiving services, the types of services provided, and ultimately the cost of the early intervention system. Several states have conducted extensive impact and cost studies before finalizing their definitions. Many states have redefined and narrowed their definitions, especially if they have experienced financial difficulties. Early in the planning stages, many states indicated that they would serve children "at risk," but this number has decreased as concerns about costs have increased. Some states that are not serving at risk under their definition indicate that they will monitor the development of these children and refer them for early intervention services as delays are manifested.

This paper discusses how states and jurisdictions define developmental delay and at risk in their definition of eligibility for services under Part H. Table 1 displays a summary of states' definitions of developmental delay and their approaches to serving at-risk children.

Criteria for Definitions of Developmental Delay

While the Part H regulations specify the developmental areas that are to be included in states' definitions of developmental delay (U. S. Department of Education [USDE], 1989; see Sec. 303.300), states must establish the appropriate diagnostic instruments and the procedures and criteria

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that will be used to determine eligibility. A review of state Part H definitions reveals that states are expressing criteria for delay in various ways, such as (a) the difference between chronological age and actual performance level expressed as a percentage of chronological age; (b) delay expressed as performance at a certain number of months below chronological age; (c) delay as indicated by standard deviation below the mean on a norm referenced instrument; or (d) delay indicated by atypical development or observed atypical behaviors. The first three of these are quantitative criteria, i.e., use of some type of "numbered" measurement. Not only is there wide variability in the type of quantitative criteria used by states to describe developmental delay, but there also is a wide range in the level of delay required for eligibility. Common measurements of level of delay are 25% delay or 2 standard deviations (SD) in one or more areas, or 20% delay or 1.5 SD in two or more areas.

A few states have developed a matrix of criteria for delay, differentiating the amount of delay according to the age of the child in months. The rationale for this is that a 25% delay in a one-year-old's development, for example, is quite different from a 25% delay in a 3-year-old's development (Shonkoff & Meisels, 1991). Traditional assessment instruments, yielding scores in standard deviations or developmental age in months, may not adequately address, or even exist, to assess some developmental domains. For this reason, some states have included qualitative criteria for determining developmental delay. This type of criteria includes findings of atypical behavior.

With a lack of reliable and valid instruments for the birth-through-2 age group and with questionable predictive validity for available instruments, determining delay by traditional assessment can be problematic (Harbin, Terry, & Daguio, 1989; Shonkoff & Meisels, 1991). For that reason, the Part H regulations require that informed clinical opinion be included for eligibility determination (USDE, 1989; see Sec. 303.322(c)(2)). Informed clinical opinion makes use of both qualitative and quantitative information to help in decision making regarding the need for early intervention services. Several states determine eligibility on the basis of informed clinical opinion derived from the consensus of a multidisciplinary team that includes parents and information from multiple sources (Biro, Daulton, & Szanton, 1991).

Figure 1

Statutory Language Pertaining to Eligibility Definitions — IDEA, Part H

(1) The term "infants and toddlers with disabilities" means individuals from birth to age 2, inclusive, who need early intervention services because they —

(A) are experiencing developmental delays, as measured by appropriate diagnostic instruments and procedures in one or more of the following areas: cognitive development, physical development, language and speech development (hereafter . . . referred to as "communication development"), psychosocial development (hereafter . . . referred to as "social or emotional development"), or self-help skills (hereafter . . . referred to as "adaptive development"), or

(B) have a diagnosed physical or mental condition which has a high probability of resulting in developmental delay.

Such term may also include, at a State's discretion, individuals from birth to age 2, inclusive, who are at risk of having substantial developmental delays if early intervention services are not provided.

20 U.S.C. 1472

Inclusion of Risk Factors

Three categories of risk for adverse developmental outcomes which are frequently described by states are established risk, biological/medical risk, and environmental risk. Children with established risk associated with a diagnosed condition are, by Part H law, eligible for services. If a state decides to include in its eligibility definition children in other risk categories, it must delineate the risk factors that will identify the children to be included.

Established risk. Children with established risks have a "diagnosed physical or mental condition which has a high probability of resulting in developmental delay" (IDEA, 1990, Sec. 1472(1)(B)) or "conditions with known etiologies and developmental consequences" (USDE, 1989, Sec. 303.16, Note 1). These may include Down syndrome and other chromosomal abnormalities; sensory impairments, including hearing and vision; inborn errors of metabolism; microcephaly; severe attachment disorders, including failure to thrive; seizure disorders; and fetal alcohol syndrome. Children in this category are eligible for Part H services

by virtue of their diagnosis, regardless of whether a measurable delay is present.

While many states have mirrored the Part H regulatory language in listing diagnosed conditions in their eligibility definitions, there is less agreement among states and among professionals about what other conditions might be included in this category versus the biological/medical risk category. Accompanying their list of diagnosed conditions, many states use the phrase "but is not limited to the following" to allow flexibility for other conditions to be accepted for eligibility (Harbin et al., 1989).

Biological/medical risk. Children with a history of significant biological or medical conditions or events have a greater chance of developing a delay or a disability than children in the general population. Examples of biological/medical risk conditions which states have listed include low birthweight, intraventricular hemorrhage at birth, chronic lung disease, and failure to thrive.

Biological/medical risk conditions do not invariably lead to developmental delay, and many children who have a history of biological events will do well developmentally with or without services (Shonkoff & Meisels, 1991). However, a review of state Part H applications reveals that there is considerable variation in what constitutes a biological/medical risk as compared to an established condition. What may be listed as an "established condition" in one state (e.g., HIV positive, prenatal substance exposure) may be listed under biological/medical risks in another state.

Environmental Risk. Children at environmental risk include those whose caregiving circumstances and current family situation place them at greater risk for delay than the general population. Examples of environmental risk factors which states have listed include parental substance abuse, family social disorganization, poverty, parental developmental disability, parental age and educational attainment, and child abuse or neglect.

As with children at biological/medical risk, environmental risk factors do not invariably result in delay or disability. Therefore, a comprehensive child and family evaluation by a multidisciplinary team (MDT) is necessary to determine 1) eligibility and 2) the appropriate intervention services (Shonkoff & Meisels, 1991).

Single vs. Multiple Risk Factors. No single event or risk factor reliably predicts developmental outcome. The greater the number of both biological/ medical and/or environmental risk factors, the greater the developmental risk. Research shows, however, that there can be factors in a child's caregiving environment that may mediate the impact of risk factors. These may include temperament of the child, high self-esteem, good emotional relationship with at least one parent, and successful learning experiences (Benn, 1991; Knudtson et al., 1990;). Assessments should address multiple and cumulative risk criteria, both biological and environmental, and consider the resilience or protective factors, within a context of change over time (Kochanek, Kabacoff & Lipsitt, 1990; Shonkoff & Meisels, 1991).

Several states that serve at-risk children use a multiple risk model with a range of three to five risk factors required for eligibility for services. A few states require a child to exhibit less delay when there are additional risk factors present than normally are required by the state's eligibility criteria.

Chart of Part H Definitions

Table 1 summarizes the policies of states and other governing jurisdictions regarding the definition of developmental delay for Part H eligibility and the provision of services for at-risk children. The author gathered this information from the most recent copy of states' Part H applications provided to NEC*TAS by the Office of Special Education Programs (OSEP). The table is divided into four categories: Status, Definition of Developmental Delay, Serving At Risk, and Comments.

Status. The status of each state's participation in Part H is listed to indicate whether a state is fully implementing the system of early intervention services, including its definition of developmental delay, or that the state is in its first or second year of extended participation. The year of participation, implementation status, and corresponding fiscal year are noted. For example, the entry for a state that, during fiscal year 1991, is in its fifth year of participation and at full implementation status would read, "Yr 5 - F.I.; FY '91."

Definition of Developmental Delay. State criteria for delay are indicated in different ways. Those measured by assessment instruments are expressed in standard deviation (SD), percent delay, delay in months, or developmental quotient (DQ). Other deter-

minants include informed clinical opinion or a judgment of a multidisciplinary team (MDT).

All states except Oregon that use percent delay express it as percent *below* chronological age; Oregon describes the child's developmental age as a percent *of* chronological age.

Serving At Risk. Whether or not a state has elected to serve at-risk children is indicated. If a state is serving only particular categories of at risk (such as biological/medical risk), the eligible risk category as identified by the state is indicated.

Comments. Several kinds of information are provided in the "comments" column. For those states that have elected not to serve at risk, the intent to track, screen, or monitor this population or to study the feasibility of serving at risk is described if the state has so indicated. Other relevant observations about the state or its eligibility criteria also are included, such as state-developed lists of risk factors or established conditions. Birth mandate states are identified. Birth mandate states and states in their second year of extended participation have to meet third-year Part H requirements only for the 14 components (including eligibility definitions). Thus, OSEP has reviewed their applications for technical assistance purposes only. Many of these states' definitions of eligibility are still being considered.

State definitions are current, but may change as states redefine their eligible population. NEC*TAS maintains files on states' Part H eligibility criteria and can provide updated information on request.

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Table 1
State/Jurisdiction Part H Definitions

State	Status[1,2,3]	Definition of Developmental Delay	Serving At Risk	Comments
Alabama	Yr 5 - EP1 FY '91	25% delay in one or more areas	NO	Considering a study of serving at risk.
Alaska*	Yr 5 - EP2 Proposed	1. From State Application: Mild/moderate delay--Birth to 12 months: delay in months of less than 1/2 chronological age in two or more areas; over age 12 months: less than 6 months delay in two or more areas Severe/profound delay--Birth to 12 months: delay in months of more than 1/2 of chronological age in two or more areas; over 12 months: greater than 6 months delay in two or more areas 2. From Legislation: 15% below chronological or corrected age or 1.5 Standard Deviation (SD) below age in one or more areas	NO	1. Definition of eligibility from current state application. 2. Definition for developmentally delayed from current legislation.
American Samoa	Yr 5 - F.I. FY '91	25% delay or delay in months in one or more areas as follows: Age 6 months - 1-1/2 months delay Age 1 year - 3 months delay Age 1-1/2 years - 4-1/2 months delay Age 3 years - 9 months delay Under one year - clinical judgment can determine eligibility	NO	Will provide follow-up to at risk. Included in established conditions are infants of mothers with severe cardiopulmonary diseases and diabetes; mothers with history of substance abuse, AIDS, mental illness, and other medical conditions compromising the child's normal development.

1. "Yr 5" or "Yr 6" means the fifth or sixth year of funding, and not necessarily meeting the Part H full implementation requirements as of September 30, 1992.
2. "EP" means extended participation; the numbers "1" and "2" indicate the first or second year of extended participation.
3. "F.I." means state/jurisdiction is assuring full implementation.

*States in their 2nd year of extended participation and **birth mandate states have to meet third year requirements only for the 14 components (including eligibility definitions). Thus, OSEP has reviewed their applications for technical assistance purposes only, and many of these states' definitions are still being considered.

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State	Status[1,2,3]	Definition of Developmental Delay	Serving At Risk	Comments
Arizona*	Yr 5 - EP2 FY '91	50% delay in one or more areas	NO	
Arkansas	Yr 5 - F.I. FY '91	2 SD in one area or 35% delay in months for birth to 18 months; 2 SD in one area, 1.5 SD in two areas, or 25% delay in months for age 18-36 months	YES (Medical/ Biological)	At risk includes children who have medical conditions known to increase statistical risk for long-term medical and developmental problems including "medical conditions resulting from environmental problems like failure to thrive or child abuse."
California*	Yr 5 - EP2 FY '91	Significant difference between expected level of development and current level of functioning determined by qualified multidisciplinary team (MDT), including parents; atypical development determined by informed clinical opinion	YES	Risk factors or combination of risk factors assessed by MDT and parents in determining eligibility, taking into account multiplicity of risk factors and the strengths of the child and family; medical risk factors and developmentally disabled parents.
Colorado	Yr 5 - F.I. FY '91	1.5 SD in one or more areas or equivalent in percentile (7%) or standard scores	YES (Developmentally Delayed Parents)	At risk includes only children of parent with developmental disabilities (DD). Will study serving other "at risk" groups.
Connecticut*	Yr 5 - EP2 FY '91	2 SD in one or more areas; clinical judgment	NO	
Delaware*	Yr 5 - EP2 FY '91	1.5 SD in one area or 2 month delay for Birth to 12 months; 3-4 months delay for age 13-24 months; 5-6 months delay for age 25-36 months; atypical development; clinical judgment	NO	Extensive list of established conditions.
Department of the Interior -- Receives Part H allocation which then is distributed by the Department to tribes.				

1, 2, 3, *, and ** (See footnotes at beginning of Table 1)

State	Status[1,2,3]	Definition of Developmental Delay	Serving At Risk	Comments
District of Columbia	Yr 5 - EP1 FY '91	Abnormal physiological characteristics (prematurity, low birth weight, cognitive and motor delays) for birth to 12 months; 25% delay or 2 SD in one area for age 13-36 months	NO	Will refer and track at risk.
Florida*	Yr 5 - EP2 FY '91	Age less than 2 months - atypical development - clinical opinion Age 2-12 months - 2 months delay in one area; Age 13-24 months - 3 months delay in one area; Age 24-36 months - 4 months delay in one area	NO	Defined categories of at risk to be used during extended participation of fourth year to determine budget, policy and program implementation issues.
Georgia	Yr 5 - EP1 FY '91	2 SD in one area; 1.5 SD in two areas; or informed clinical opinion when no appropriate measure is available	NO	List of established conditions, including atypical development and severe attachment disorders; defines atypical development.
Guam	Yr 5 - F.I. FY '91	25% delay or 1.5 SD in one or more areas; atypical development	YES	Extensive list of established conditions. Examples of atypical development. List of at risk conditions; at risk requires 5 or more biological and/or environmental factors.
Hawaii	Yr 5 - F.I. FY '91	MDT consensus; no level of SD or % delay specified	YES	Biological risk is documented by physician. Environmental risk is documented by Interim Care Coordinator.
Idaho	Yr 5 - F.I. FY '91	30% below age norm or 6 months delay, whichever is less, or 2 SD in one area; 1.5 SD in two areas; professional judgment	NO	Screens and tracks at risk (biological). Extensive list of established conditions.

1, 2, 3, *, and ** (See footnotes at beginning of Table 1)

State	Status[1,2,3]	Definition of Developmental Delay	Serving At Risk	Comments
Illinois	Yr 5 - EP1 FY '91	2 SD or 25% delay in one area; 1.5 SD or 20% delay in two or more areas or in one area with addition of other environmental risk factors; clinical judgment	NO (see comments and definition)	Track and monitor at risk. Established conditions include: medical disorders with well-known expectancies for adverse developmental outcomes; and history of events suggestive of biological insults to the developing central nervous system and increased probability of developing a delay/disability.
Indiana	Yr 5 - EP1 FY '91	1.5 SD in one area or 20% below chronological age; 1 SD in two areas or 15% below chronological age in two areas	YES	Biological and environmental risk.
Iowa	Yr 5 - EP1 FY '91	25% delay in one or more areas	NO	Birth mandate state.
Kansas	Yr 5 - F.I. FY '91	25% delay or 1.5 SD in one or more areas; 20% delay or 1 SD in two areas; clinical judgment	NO	Tracking, monitoring, and serving at risk are based on local discretion and local funding.
Kentucky	Yr 5 - EP1 FY '91	2 SD in one area; 1.5 SD in two areas or equal to or less than 75% Developmental Quotient (DQ) in one area; or clinical judgment	NO	Will explore the development of a system to screen and track at risk; extensive list of established conditions. Part H DD definition compatible with age 3-5 DD.
Louisiana	Yr 5 - EP1 FY '91	Delay in one or more areas, determined by MDT decision based on multisource data; decision making process described	YES (Biological)	List of established conditions and other biological factors; biological at risk only. Will study identifying and tracking environmental risk through pilot projects.

1, 2, 3, *, and ** (See footnotes at beginning of Table 1)

State	Status[1,2,3]	Definition of Developmental Delay	Serving At Risk	Comments
Maine	Yr 5 - EP1 FY '91	Under 24 months of age: MDT professional judgment. Over 24 months of age: 1. Delay of 2 SD or 25% or more below chronological age in one area. 2. Delay of 1.5 SD or 15% below chronological age in two areas. 3. In one area with additional risk factors: delay of 1 SD or 10% below chronological age in one area of development with a high probability for further delay because of additional established conditions or biological factors.	NO (See #3)	Lists of established conditions and b ological risk factors. Birth to 5 definition.
Maryland	Yr 6 - F.I. FY '92	25% delay in one area; atypical development/ behavior; professional judgment	NO	3-year study of serving at risk. "At Risk Discussion Paper" clarifies atypical vs. at risk; includes case illustrations of eligibility.
Marshall Islands -- Not currentiy eligible for this federal program.				
Massachusetts	Yr 5 - F.I. FY '91	Guideline: Developmental delay in one or more area: Age 6 months--1.5 months delay Age 12 months--3 months delay Age 18 months--4 months delay Age 24 months--6 months delay Age 30 months--7 months delay	YES	Biological; environmental requires 3 or more risk factors. Lists of child and family characteristics.
Michigan**	Yr 5 - EP1 FY '91	Informed clinical judgment of MDT and parents; multiple sources of information including developmental history, observational assessment, recent health status appraisal, and an appropriate formal assessment measure	YES	Birth mandate state. Biological and environmental risk factors described; (requires 4 or more risk factors); parent and professional judgment.
Micronesia -- The Federated States of Micronesia is not currently eligible for this federal program.				

1, 2, 3, *, and ** (See footnotes at beginning of Table 1)

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State	Status[1,2,3]	Definition of Developmental Delay	Serving At Risk	Comments
Minnesota	Yr 5 - EP1 FY '91	Substantial delay in one or more of the following developmental areas with the following criteria: Cognitive: total score of 1.5 SD below the mean Communication: 2.0 SD below the mean Physical Development: Motor: 2.0 SD below mean for children birth-18 months Physically Impaired: 1.0 SD below mean Hearing: medical documentation and informed clinical opinion Vision: medical documentation and informed clinical opinion Social or Emotional: informed clinical opinion Adaptive Development: informed clinical opinion Noncategorical criteria: delay in overall development demonstrated by a composite score of 1.5 SD below the mean	NO	State adopted the early childhood special education eligibility criteria as eligibility definition under Part H.
Mississippi*	Yr 5 - EP2 FY '91	1.5 SD or 25% delay in one area or clinical opinion	YES (Biological)	Will serve biological at risk. Will serve environmental at risk after all others have been served, as funds allow.
Missouri	Yr 5 - EP1 FY '91	50% delay in one area or atypical development; professional judgment	NO	Extensive list of established conditions, including maternal drug use.
Montana	Yr 5 - EP1 FY '91	50% delay in one area or 25% delay in two areas; clinical opinion	NO	
Nebraska**	Yr 5 - EP1 FY '91	Developmental delay (no criteria)	NO	Birth mandate state.
Nevada	Yr 5 - EP1 FY '91	25% delay in one or more areas; informed clinical opinion only may be used for birth to 12 months	NO	
New Hampshire*	Yr 5 - EP2 FY '91	Informed clinical opinion to determine developmental delay or atypical development in one or more areas; MDT decision and consensus	NO	Extensive list of established conditions.

1, 2, 3, *, and ** (See footnotes at beginning of Table 1)

State	Status[1,2,3]	Definition of Developmental Delay	Serving At Risk	Comments
New Jersey	Yr 5 - EP1 FY '91	33% delay in one area; 25% delay in two or more areas	NO	
New Mexico	Yr 5 - EP1 FY '91	25% delay in one area or score that indicates significant delay as defined by that instrument; for less than 12 months of age, clinical judgment only can be used	YES	Biological and environmental at risk, or parent/caregiver has significant concerns regarding child's development.
New York	Yr 5 - EP1 FY '91	2 SD or equivalent in one area or clinical opinion by MDT	NO	
North Carolina	Yr 5 - F.I. FY '91	1.5 SD in one area or 20% delay in months for birth to 36 months; atypical development	YES	2 categories of risk: Clinical High Risk (established conditions); and Potential Risk (biological and environmental risk)--3 risk indicators required. Atypical development defined, including "substantial physical, sexual abuse, and other environmental situations that raise significant concern regarding a child's emotional well-being."
North Dakota	Yr 5 - EP1 FY '91	50% delay in one area; 25% delay in two or more areas	NO	
Northern Marianas -- Part H grant award to this jurisdiction is made through a consolidated grant under Chapter 2 of the Education Consolidation and Improvement Act of 1981.				
Ohio	Yr 5 - F.I. FY '91	Child has not reached developmental milestones for chronological age--a "measurable delay"	NO	Will study feasibility of serving at risk.
Oklahoma	Yr 6 - F.I. FY '92	50% delay in one area; 25% delay in two or more areas	NO	
Oregon*	Yr 5 - EP2 FY '91	Child's developmental age is: 56-75% of chronological age in 3 or more areas 40-55% of chronological age in 2 areas less than 40% of chronological age in 1 area	NO	

1, 2, 3, *, and ** (See footnotes at beginning of Table 1)

State	Status[1,2,3]	Definition of Developmental Delay	Serving At Risk	Comments
Palau -- Part H grant award to this jurisdiction is made through a consolidated grant under Chapter 2 of the Education Consolidation and Improvement Act of 1981.				
Pennsylvania	Yr 5 - F.I. FY '91	25% delay or 1.5 SD in one area; clinical opinion	NO	Will track and screen at risk. Defines at risk.
Puerto Rico**	Yr 5 - EP1 FY '91	Informed clinical opinion	NO	Birth mandate jurisdiction.
Rhode Island	Yr 5 - EP1 FY '91	25% delay or 2 SD in one or more areas; 1.5 SD in two areas; or clinical opinion--observable atypical behaviors	NO	Describes single and multiple established conditions. List of child- and parent-centered conditions.
South Carolina	Yr 5 - EP1 FY '91	2 SD or 30% below age in one area; 1.5 SD or 22% below age in two areas; or clinical judgment	NO	List of established conditions.
South Dakota	Yr 5 - EP1 FY '91	25% delay or 6 month delay or 1.5 SD in one or more areas	NO	Impact study in progress; will determine whether to serve at risk. Will track biological and environmental at risk; environmental requires 3 risk factors.
Tennessee	Yr 5 - F.I. FY '91	25% delay in two or more areas; 40% delay in one area	NO	List of established conditions.
Texas	Yr 5 - EP1 FY '91	Age less than 2 months--atypical behaviors or medical diagnosis Age 2-12 months--2 months delay in one area Age 13-24 months--3 months delay or more in one or more areas Age 25-36 months--4 months delay or greater in one area Atypical behavior	NO (see comments)	Local programs may serve at risk if state funds are available after all eligible children are served. List of established conditions, including prenatal substance exposure. Will track, monitor, and refer biological and environmental at risk.

1, 2, 3, *, and ** (See footnotes at beginning of Table 1)

State	Status[1,2,3]	Definition of Developmental Delay	Serving At Risk	Comments
Utah	Yr 5 - F.I. FY '91	More than 2 SD or below 2nd percentile in one area; more than 1.5 SD or below 7th percentile in two or more areas; more than 1 SD or below 16th percentile in three areas; clinical opinion	NO	Tracking and monitoring at risk.
Vermont*	Yr 5 - EP2 FY '91	Clearly observable or measureable delay in one or more areas; clinical judgment including family	NO	List of established conditions.
Virgin Islands*	Yr 5 - EP2 FY '91	25% delay or 6 month delay--whichever is less; or 1.5 SD in one or more areas	YES	Biological at risk is determined by physician. Environmental at risk is determined by MDT; 3 or more risk factors are required for eligibility for environmental risk.
Virginia	Yr 5 - EP1 FY '91	25% delay in one area or atypical development	NO	Will study serving at risk; defines at risk; will require three risk factors. Atypical development defined. List of established conditions which includes "other physical or mental conditions at MDT's discretion."
Washington	Yr 5 - EP1 FY '91	1.5 SD or 25% delay in one area; informed clinical opinion	NO	Will continue to provide "family resources coordination" to those who are ineligible for Part H services. List of established conditions.
West Virginia	Yr 5 - F.I. FY '91	25% delay in one area; 6 month delay in two or more areas.	NO	List of established conditions, including HIV positive mother and prenatal drug exposure.
Wisconsin	Yr 5 - F.I. FY '91	25% delay or 1.3 SD in one area; clinical opinion--MDT decision; atypical development	NO	Will study serving at risk. Atypical development defined. List of established conditions, including "addiction at birth."
Wyoming	Yr 5 - F.I. FY '91	1.5 SD or 25% delay in one or more areas; clinical opinion	NO	

1, 2, 3, *, and ** (See footnotes at beginning of Table 1)